

## Application Data Sheet

### APPLICATION INFORMATION

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks:

Number of Copies of CDs::

Sequence Submission?:

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: PRESSURE WASHER WITH DIAGNOSTIC  
INDICATORS

Attorney Docket Number:: 226256

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure:: 2

Total Drawing Sheets:: 8

Small Entity?: Yes

Latin Name::

Variety denomination name::

Petition Included?: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: No

## APPLICANT INFORMATION

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Gus  
Middle Name::  
Family Name:: Alexander  
Name Suffix::  
City of Residence:: Inverness  
State or Prov. of Residence::  
Country of Residence:: US  
Street of mailing address:: 11 Woodview Lane  
City of mailing address:: Inverness  
State or Province of mailing address:: Illinois  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 60067

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Mike  
Middle Name::  
Family Name:: Hanson  
Name Suffix::  
City of Residence:: Lakewood  
State or Prov. of Residence:: Illinois  
Country of Residence:: US  
Street of mailing address:: 2115 S. Shore Drive  
City of mailing address:: Lakewood  
State or Province of mailing address:: Illinois  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 60014

## **CORRESPONDENCE INFORMATION**

Correspondence Customer Number:: 23460  
Phone:: (312) 616-5600  
Fax:: (312) 616-5700  
E-mail Address:: mail@leydig.com

## **REPRESENTATIVE INFORMATION**

Representative Customer Number:: 23460

Representative Designation::      Registration Number::      Representative Name::

## **DOMESTIC PRIORITY INFORMATION**

Application::      Continuity Type::      Parent Application::      Parent Filing Date::

## **FOREIGN APPLICATION INFORMATION**

Country::      Application Number::      Filing Date::      Priority Claimed

## **ASSIGNEE INFORMATION**

Assignee name:: FAIP North America, Inc.

Street of mailing address:: 1825 Greenleaf

City of mailing address:: Elk Grove

State or Province of  
mailing address:: Village

Country of mailing  
address:: US

Postal or Zip Code of  
mailing address:: 60007